

FILED MAY 11 1944

Registration District No. 210

Primary Registration District No. 4322

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Mercer County
(b) City or town Princeton, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community all her life
years, months or days)

3. (a) PRINT
FULL NAMEManda M. Thompson

3. (b) If veteran,

name war no

3. (c) Social Security

No. no

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, 2 divorced, widowed
6. (b) Name of husband or wife 6. (c) Age of husband or wife if
alive years

7. Birth date of deceased June 4, 1861
(Month) (Day) (Year)

8. AGE: Years 83 Months 10 Days 1 If less than one day
hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)
housewife

10. Usual occupation

11. Industry or business

12. Name Bill Davis
13. Birthplace Missouri (City, town, or county) (State or foreign country)
Woods

14. Maiden name Missouri (City, town, or county) (State or foreign country)
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Monzie Covey(b) Address Princeton, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof April 16, 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge(a) Signature of funeral director Noel Moss(b) Address Princeton, Mo.

19. (a) 4-6-44 (Date received local registrar) (b) John Martin (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State 65 (b) County 1
(c) City or town 6 (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) no
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15
year 1944 hour 9 minute am

21. I hereby certify that I attended the deceased from March 10
1944 to April 15 1944
that I last saw her alive on April 15 1944
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial degeneration Duration
chronic nephritis 5 yrs

Due to chronic nephritis 5 yrsDue to chronic nephritis 5 yrs

Other conditions
(Include pregnancy within 9 months of death)

Major findings:
Of operations no

Of autopsy no

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury no

23. Signature J. M. Perry (M. D. or other) no
Address Princeton, Mo. Date signed 4/15-44

OCT 1 1945

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Me

....., Registered Apprentice No.
working under my personal supervision.

Signed

Me

Licensed Embalmer No.

2634

P. O. Address

Peru, Pa.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. MayRegistration District No. 210Primary Registration District No. 4322Registrar's No. 331

1. PLACE OF DEATH:

- (a) County Meru
(b) City or town Princeton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution. (Specify whether

In this community
years, months or days)3. (a) PRINT
FULL NAMEManda M. Thompson

3. (b) If veteran,

name war.

3. (c) Social Security

No.

4. Sex
- F
5. Color or
-
- race
- W

6. (b) Name of husband or wife

6. (c) Age of husband or wife if
-
- alive, years

7. Birth date of deceased

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

8310Momin.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Meru
(c) City or town Princeton
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- June
-
- year
- 1944
- hour
- 10
- minute
- 15
- M.

21. I hereby certify that I attended the deceased from
-
- 19____, 19____;
-
- that I last saw him alive on 19____;
-
- and that death occurred on the date and hour stated above.
-
- Immediate cause of death

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

15230

15230